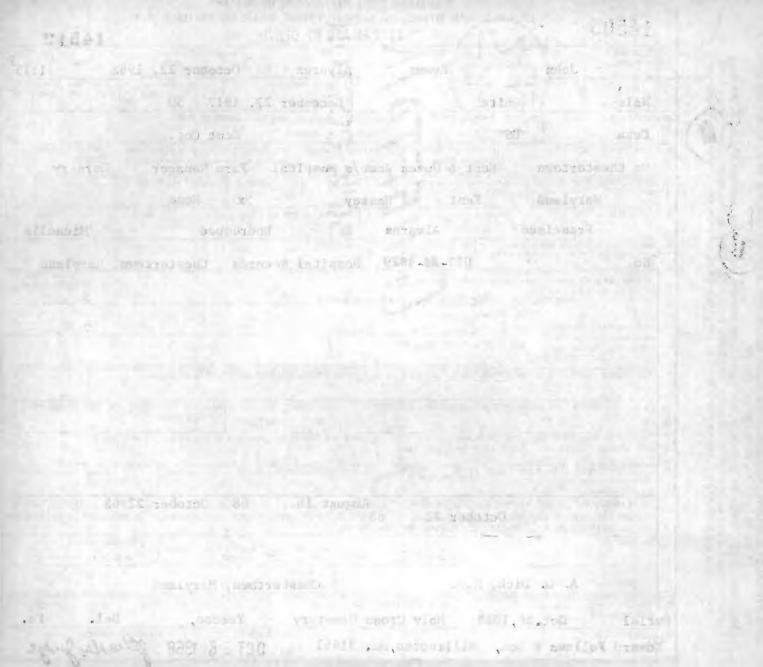
9		14505	DIVISION OF VIT		1 W. PRESTON STREET, B. RTIFICATE OF DEAT		ARYLAND 21201	1451	6).
		CEASED-NAME First		Middle	Last	2a. DATE C			2b. HOUR
		ype or print)  John		Evans	Alvarez	Octob	per 22, 196		1:15 M
	3. SE		4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7. C	Male  BIRTHPLACE (State or foreign	White	COUNTRY D	December 2				
	caun	Cuba	7b. CITIZEN OF WHAT		MARRIED NEVER MARRIED DIVORCED	9. COUNTY O			
	10. C	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITU	ITION (If not in hospital 120	Kent JSUAL OCCUPATION	N (Kind of work done	12b, KIND OF I	Md.
1		Chestertow	n give stree	t address)	nme/s Hospital	g mast of warkin	glife, even if retired.)	Nurser Nurser	TP
7		USUAL RESIDENCE (Where deceasesion) STATE Marylan	sed lived, if institution:	Residence befare 13	assey 13d INSIDE		TREET AND NUMBER	114100	,
	14. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAT		Middle		Lost
		Franci		Alvarez		lodreque		Mic	aella
	16a. Y	WAS DECEASED EVER IN U.S. ARI es qa, ar unknawn) (If yes give	unr as distant of sacrical	SOCIAL SECURITY NO.	17. INFORMANT		Address		
				53-24-4629	Hospital Rec	ords (	Chestertown	Mary1	and MATE INTERVAL
		18. CAUSE OF DEATH (Enter or PART J. DEATH WAS CAUSE IMMEDI	oly ane cause per line for D BY:	or (a), (b), and (c).)	1			BETWEEN OF	NSET AND DEATH
		1621 IMMEDI			remova			- The	
		Canditions, if any, which gave	DUE TO, OR AS A	arcuma	0.			3 ye	
		rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A		- Line			390	
		last.	(c)						
			NDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE	OR CONDITION GIV	EN IN PART 1(a)		
	35	163 X							
1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH (	OPERATION WAS PERFO			IF YES, WERE FINDINGS ( ES OF DEATH?	ONSIDERED IN CE	RTIFYING
		210. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCCURRED (	Enter nature of inj	ury in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M.	anth Day Year 19					
	W	21d. INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY ( AT I	IDME, FARM, STREET, FACTORY CE BUILDING, ETC.	216 LOCATION Street or R.F.D	. No. Cit	y or Town	County	State
		22a. I certify that (1) (the saw the deceased courses stoted obay	is hospitol) ottende live an <b>Octob</b> e e, (I) (we) (did) (did	ed the deceosed 22 19 I not) view the boo	fram <b>August 16</b> , 1 68 and thot in (my) (our) ly ofter deoth.	9 <u>68</u> , to <u>(</u> opinian death	accurred on the de	ate ond haur o	(I) (we) lost and from the
		22b. SIGNATURE		n ', '	ATTENDING (1)	MED.		DATE SIGNED	60
		22d. PHYSICIAN'S		alvick	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	0-22-	6)
			. Dick, M.I	0.		town, Ma	ryland		
	23a.	BURIAL, CREMATION, 23b.			ETERY OR CREMATORY		ION (City or Town)	(Caunty)	(State)
	Bu	BELLOUIS IN 16 5	.26,1968	Holy Cre	oss Cemetery	Yeado	n,	Del.	Pa.
	24.	FUNERAL DIRECTOR		ADDRESS	250. REC	D BY REGISTRAR	25b. REGISTRAR	SIGNATURE	
3	1	dward Fellows	er Son, Mi	TTTUGEOU'I	TICH ZIOUI DATE	OCT 28	1300 100	world &	444

MAKILAND STATE DEPARTMENT OF HEALTH



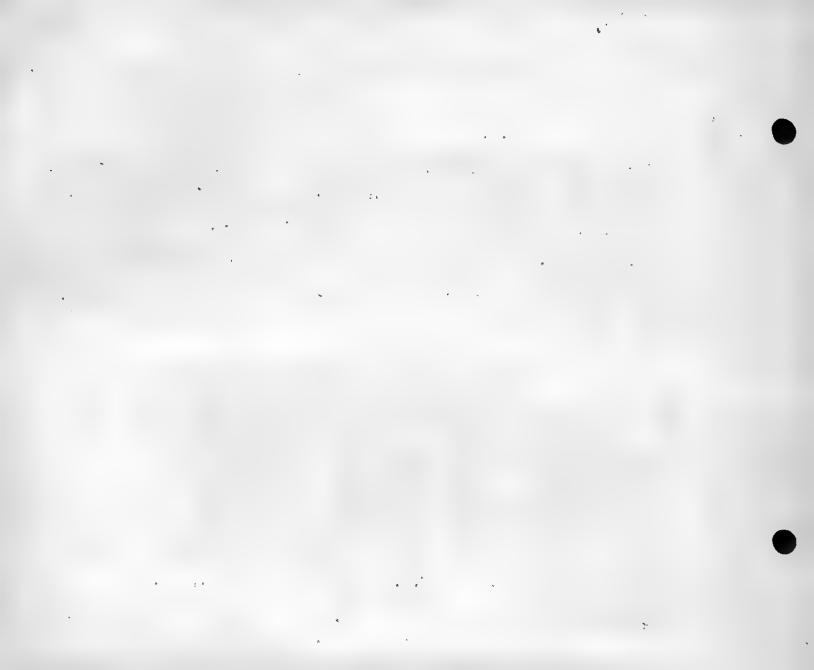
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1-4-1		14507		ORDS, 301 W.	PRESTON STREET, BAL ICATE OF DEATH	TIMORE, MARYLAND 2120	14514
	1.0	ECEASED-NAME First	Midd		Lost	O. DATE OF BEATH	
at age		[vpe or print]				20. DATE OF DEATH Month	Doy Year 2b. HOUR
de de	0.0	Edwar		у	Chew		1968 Year 3:45 M
ifter e fu	3. S		4. RACE		S. DATE OF BIRTH	6. AGE (In years	S IF UNDER 1 YEAR AF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
iours after death.  by the funeral  Pages 1 and 2		Male	White		May 27, 19	01 67	YRS.
be executed within 24 hours after death and campletely filled in by the funeral eremove carban paper. Pages I and 2 lin any event, with 21 hours after death	7a.	BIRTHPLACE (State or fareign	76. CITIZEN OF WHAT COUNTRY?	MURKKIE	NEVER MARRIED	9. COUNTY OF DEATH	
in 24 in popp		Pennsylvania	US	WIDOWE		Kent Co.,	Md.
· = 2 2 1	7 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	ALOR INSTITUTION (I	I nat in haspitol 120. US	UAL OCCUPATION (Kind of work d	
ecuted within 24 completely filled ove carbon paper y event, with		Chestertown				most of working life, even if retire Retired Judge	
plet car	13g.	USUAL RESIDENCE (Where decear ission) STATE	sed lived, if institution: Residence	before 13c. CITY	OR TOWN 13d. INSIDE CITY	10.50	
com com		Maryland	13b. COUNTY Kent	Rock	Hall YES	NO A Gratitude	Point
ou de /	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME	First Midd	lle Lost
ding		Edward	Harry	Chew	Lo	uise	Roudolph
rificate possician en pleas	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL S	ECURITY NO. 17	, INFORMANT	Addre	155
E S S		es_na, ar unknawn) (If yes give t	185-2	0-1153	Hospital Rec	ords Chester	
S E E		18. CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b),	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
digital in the second s		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o) BRONC	HOGEN	IC CARCII	VOMA	FIVE MONTHS
atte		162-1	DUE TO, OR AS A CONSEQU				
the the safe		Conditions, if any, which gave	(b)				
that in. by 1 dans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQU	ENCE OF			
sicio ed l al-tr		lost.	(c)				
equires that the death criticate be executed values by the attending paysician and camplete burial-transit permit. Then please remave carburial, crematian, ar remaval, and in any event.		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(0)	
ng en s	2	1621					
be and in the state of the stat	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?		NGS CONSIDERED IN CERTIFYING
The affe has	ΙĔ				YES NO 6	CAUSES OF DEATH?	
N. or or after use early		210. ACCIDENT WAS UNDERLYIS				er noture at injury in Part I ar Pa	rt 2, Item 18.)
S E E E	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Year 19			
nasp cer chec	E.	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING		LOCATION Street or R.F.D. N	la. City or Tawn	County State
this De		While Not while at wark of work	A ONLICE BOILDING	, EIC.			
ter tate		22o. I certify that (1) (th	is haspital) ottended the	deceosed from 1	october 1 , 191	68 , to October 3	019 <u>68</u> , that <b>()</b> (we) last the dote and haur and fram the
A Part A		saw the deceased a	live an October 3	0_19_68,0	nd that in (my) (our) ap	pinian death occurred on th	e dote and have and fram the
TI din Sin H			e, (I) (we) (did) (did not) vi	w the body offe	r deoth.		CO. DATE CLOUD
3 second		22b. SIGNATURE	Miller -	4	ATTENDING V	MED. STAFF DIRECTOR PHYS.	10-30-68
o a a a a a a a a a a a a a a a a a a a		22d. PHYSICIAN'S	acces	٠ ك	GREE PHYS.	DIRECTOR L PHYS. L	10-30-60
RAL Po			Oteiza, M.D.			town, Maryland	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. Shauld be filed with the State Dept. af Health priar to burial, crematian, ar re	22			AME OF CEMETERY			(C
Age direction	230.	BURIAL, (REMATION, 23b. PEMOVAL (Specify)		AME OF CEMETERY C	1000 1000 11	23d. LOCATION (City or Town)	(Caunty) (State)
5 5	24	FUNERAL DIRECTOR		ADDRESS II	MSHING I ON	RY REGISTIAR 25h PEGIST	RAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	12	down to	anel CHI	OCH H	L MD DATE OF	BY REGISTIAR 2Sb. REGIST	liarles Judge
	_		CHO	WILL III	LA DAIL		The state of the s

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		2710	127 (21)
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	Arms - rall amounts	College Maring	3,337
	11 0 PM - 12 130	Carlotte A. Y.	

1 00	1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE		14508 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14515
HEALTH DEPT.		ACCOUNTS NAME	
	1	(Type or Print)	Doy Yeor 2b. HOU
lay is Page ent of	3. 5		) 148 - 0
delay and 3 M3. Pa		noch W June 27, 1934 lost birthday Months DAYS HOURS MIN Month out Day 15	Year Ve US
Pur A	70.	BIRTHPLACE (Stote or foreign, 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	177 2 - 62
- E 6		ntry) New Yak U.Sa. WIDOWED DIVORCED Kent Countly	
Pages vith far	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR
death with with	1	Chestertown, mel 1 give street oddress), Queen armes during most of working the working th	INDUSTRY 344 /2 a
offer with 12	130	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 11%. STREET AND NUMBER	
		admission) STATE md - 1/3b. COUNTY Quencine milling ton YES [ NO ]	
after after	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
2 0.00 2		Joseph altat Collins Margaret ann	Drinnan
within 24 Examiner's File pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  Yes, no, or unknown)  ((Lyas piece wat or deless of service)	
pe pe 72		yes 31/0ct/1961 17-20-0169 Hope a read, Chartham	APPROXIMATE INTERVAL
ecuted in ling" in edical Exernit. Fi		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e executed pending is a Medical sit permit.		MMEDIATE (AUSE (o) Thoch ( Marshe)	24 horus
be executed "pending" ir itef Medical I insit permit. event within		Conditions, if any, which gave ) DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave ) (b) Resturb armany bladder, eleuns, measurement	
vard ' vard ' ne Chi		rise to immediate cause (a), stating the underlying cause DUE TO, OF AS A CONSTITUTE OF CONTRACTOR TO PROPERTY.	52 Lours
e should be e the ward "per ta the Chief I burial-transit		(c) Duto molife accident ( sout felt lin fair -	100
This certificate should be executed cate, writing the ward "pending" is be farwarded to the Chief Medical I be used as a burial-transit permit. The may be one in any event within the contractions of the con		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (GIVEN IN PART I(g)	
writing the writing the inwarded to used as a language.	z	8284	
its certific te, writin farward te used as remaval,	CATIO	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED? Person turningen blooders & information	20. AUTOPSY?
This create, be fa	CERTIFICATION		YES NO
<u></u>		210. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING  21b. TIME OF INJURY Month, Day, Year HOURAM. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part-2, Ite	m 18.)
INER: e certifi shauld files. 3 should natian, o	MEDICAL	CAUSE OF DEATH	
EXAMINER: ute the cert age 4 shauld your files. Page 3 should, crematian,	~	fortory office huilding etc)	County State
ICAL EXAMINER:  e execute the certifor. Page 4 should be for your files.  CTOR: Page 3 should buriol, cremation,			
DEPUTY SICAL E		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry death resulted fram: Natural causes, Accident Suicide, Hamicide Undetermined manner [	, and in my apinia
director director brained DIRECTOR		CHIEF MEDICAL EXAMINER	_
y, ple srol di sal Di prior		ACTUAL SIGNATURE Let wfor 22b. DATE S	IGNED
EPUTY Issary, funeral ay be INERAL			5/68
TO DEPUTY necessary, the funera 5 may be TO FUNERAL Health pri		NAME (Type) ROBERT W. F-ARR ADDRESS(Street, city, town, or county) Charles	un, ma
5 + 2 5 + 3 E	230		(County) (State)
		burial 10/18/68 Woodlawn Cometony Rt 50 Easton, Ta	Obot, Md.
VR A3 5ME (5) (	1		IGNATURE
JOW REA 1/68	Th	ne Jay D. Heverin Funeral Home Easton, Md.   DATE 00111 1500   Com	Co Jungar
18/			

81361 . IN THE RESERVE manager than the first the first than the second state of and the state of t



21	MARYLAND STATE DEPARTMENT OF HEALTH	
$_{F} \mathcal{P}  $	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14518
1.	DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 26 HOJR
	(Type or Prot) Raymond Leo Johnson OF EST. DEATH MATED (Ct.	20 00 ECE PM
M	SEX 4 RACE S DATE OF BIRTH S DATE OF BIRTH Sept. 15, 1898 6 AGE (n. voors Avandor) Months OAYS HOURS MIN Month Oct. Day 20	Year 1968 29 M
(0	BIRTHPLACE (Store or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED   DIVORCED   Kent	Md
,	Rock Hall give street oddress} xxx Rectaristic Politication of	126 KIND OF BUSINESS OR NDUSTRY
13	OUSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN Odmission) STATE AND NUMBER Rock Hall YES NO X Rt.#1 Box	196
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
14	Unknown Unknown  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 117, INFORMANT ADDRESS	
	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no foreign mown) (1845 pressing or defes of service) 206-20-8862 (1875) Mrs. Mary Ann Johnson-Rock Hall	
	PART I DEATH (Enter only one couse per Ine for (a), (b), ond (c) ) PART I DEATH WAS CAUSED BY: Old & New Myocardial Infarct	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
	MMCDIATE (AUSE (a))  Out TO, OR AS A CONSEQUENCE OF	short
	[Conditions, if only, which gove ] Complette Occlusion, left anterior descend	ing
	stoting the under ying couse DUE TO, OR AS A CONSEQUENCE OF COTORETY artery	
П	Arateriosclerotic cardiovascular Disease	• Unknown
L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)  Found dead in pig pen. Pigs had been eating the body	
No	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
CERTIFICAT	WAS PERFORMED?	YES 🔼 NO
MEDICAL CERT	21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH PM 19	n 18 }
	21d IN.JRY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK  21e PLACE OF INJURY (At home, form, street foctory, office building, etc.)  21f COCATION Street or R.F.D. No City or Town	County State
	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔼 Inspection 🔲, Inquiry 🔲,	and in my op'n on
	death resulted from Natural couses 🔼 , Accident 🔲 , Suicide 🗍 , Homicide 🔲 , Undetermined manner [	
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE	ICHER
	DEPUTY MEDICAL EXAMINER TO 10/22/6	
	Robert W. For ADDRESS(Street, cty. town, or county) Chester	
23	Burial (REMATION, REMOVAL (Specify)  Oct. 24  St. Johns Churchward  Rock Hall Ker	(County) (Store)
24	Elan S. Lane Church Till Ind DAY OCT 2 5 1968 PEGISTRAR 5 SI	
	DATE OUT & 1000	COU MANAGER



V	1	MAKILANU SIAIE DEFARIMENI OF HEALTH	
X		14512 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINED'S CERTIFICATE OF DEATH	14519
FOR STATE		MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
HEALTH DEPT.	11	DECEASED-NAME First M.ddle Last 2a. DATE KNOWN Manth D	Day Year 2b. HOUR
of de to	+ '	Type or Print) George A. Lawson Of EST. DEATH MATED 70 3	1 1966/103 a.M
delay 3. Pog	3 9	EX 4 RACE S DATE OF BIRTH 16 AGE 19 years   F JNDER 1 YEAR   IF JNDER 24 HRS 2c DATE PRONOLINGED DEAD	2d HOUR
delay und 3 n3. Por	m	3/26/1895 ast berhaday) MONTHS DAYS HOURS MIN. Month / Day	Year . 15
ny delay is 2, and 3 to PM3. Page			1968 11 BUM
reath Inv.		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9 COUNTY OF DEATH	
ath tor	10	New Jersey Rent	Md
Page Page Story	1.0	Again of practice of the property of the p	Zb KIND OF BUSINESS OR
* # # #		orton RFD / Highway # 298 Retired storekerepen	POSEK1
September 1	_ 13a	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY EM. 157 13e. STREET AND NUMBER	
house offer Beath Office olong with form Land 2 with the State De after death		rdmiss-on) STATE Pa V3b (OUNTY Chester Coatesvilleves № NO 🗆 26 S. 8th. A	ve.
houses Item Dand 2	3 4	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
Thought of the after aft		Alexander Lawson Mary Unknown	
thin 24 mail in miner's pages hours	160		tesville
thin min pag bag	(1		
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's files.  3 should be used as a burial-transit permit. File pages intion, or removal and in any event within 72 hours	-		,
ed in the first		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardio Vascular Disea	APPROX MATE INTERVA, BETWEEN ONSET AND CEATH
ban dica		MARTI DEATH WAS CAUSE (a)  ATTETIOSCIETOTIC CARGIO VASCULAT DISEA	unknown
Me Me		4/29 DULTO, OR AS A CONSEQUENCE OF	ulikilowii
be "pe ief ief eve		Conditions, if any, which gave	
교육 구 구		rise to immediate cause (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed he ward "pending" in ta the Chief Medical burial-transit permit. I in any event withir		last.	
ta ta pan		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ficate ing the ded i		Frant 2. Other Significant Conditions Contributing to Death But not recased to the terminal disease or compilion given in Part 1(a)	
is certificate, writing tarward as tarward as used as removal	8	TO DATE OF APPRICAL AND TON	Las Augustus
X g es X	FICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his of the feet	K E		YES NO
KAMINER: This certificate, writing 4 should be farwaryour files.  Tour files.  Tour files.  Tour files.	L CERT	2 a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Port 2, Item	18)
INER: e cert shoulk files. 3 shau otion,	EDICAL	CAUSE OF DEATH P.M. 19	
	11.0	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
A Me the the the the the the the the the th		WHILE NOT WHILE   factory, affice building, etc.)	
se execute the certification. Page 4 should ned for your files.  ECTOR: Page 3 should burnot, cremotion,			and a sure statem
y, please executions and director. Pogoe retained for SAL DIRECTOR: Prince to burior to burior.			and in my apinian
Se School		death resulted fram. Natural causes 🖳 Accident 🔲, Sukide 🔲, Hamikide 🔲, Undetermined manner 🗀	J
please direction and particular directions on to be or to		ACTUAL CHIEF MEDICAL EXAMINER COLDANGE	
IIY please eral director RAL DIRECT prior to bu		SIGNATURE ASSISTANT MEDICAL EXAMINER 220. DATE SIG	
EPUTY Stranger established by please established director. any be retained inversal birector. It prior to but		Lower Robert W. Roser	1-1968
O S o E E S	`	NAME (Type) ADDRESS(Street, city, town, or county)	
5 5 5 T	230	BURIA., (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (C	ounty) (State)
		Rurial 11/4/68 Fairview Cem Coatesville, P	a.
	24	FUNERAL DIRECTOR 250. RECID BY REGISTRAR 256 REGISTRARS 5 G	
VR A15ME (5) 10M REV 1768		Chestertown, Md. DATE NOV 4 1968 Action	las Judge
10M KE 4 17 00			



ND 61661
ND 21201
14520 TH 2b. HOUR
TH 2b. HOUR 4:20PM
GE (In yours IF UNDER I YEAR IF UNDER 24 HRS
st berthday) Manies DAYS HOURS MIN.
TH TOS.
Kent Md
f of work done 12b KIND OF BUSINESS OR INDUSTRY
aven if retired )   INDUSTRY AND NUMBER
AND NUMBER  RD #1
M.ddte Lost
Address
S
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
us) 4 - 5 days
PART I(a)
WERE ENDINGS CONSIDERED IN CERTIFYING
EIS. WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?
WERE FINDINGS CONSIDERED IN CERTIFYING
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part 1 or Part 2, Item 18.)  Own County State
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part 1 or Part 2, Item 18.)
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part i ar Part 2, Item 18.)  Own County State  1/22/, 1968, that (i) (we) lost red on the date and hour and fram the  22c DATE SIGNED
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part 1 or Part 2, Item 18.)  Divin County State  1/22/, 1968, that (i) (we) lost ared on the date and hour and from the
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part 1 or Part 2, Item 18.)  Divin  County  State  1/22/, 1968, that (i) (we) lost ared on the date and hour and fram the  22c DATE SIGNED
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part 1 ar Part 2, Item 18)  Own County State  1/22/, 1968, that (i) (we) lost ared on the date and hour and fram the county state are also are al
WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?  Part i or Part 2, Item 18)  Own County State    // 22 / 19.68 , that (i) (we) lost ared on the date and hour and from the last area of the last signed last signed last area of the last signed





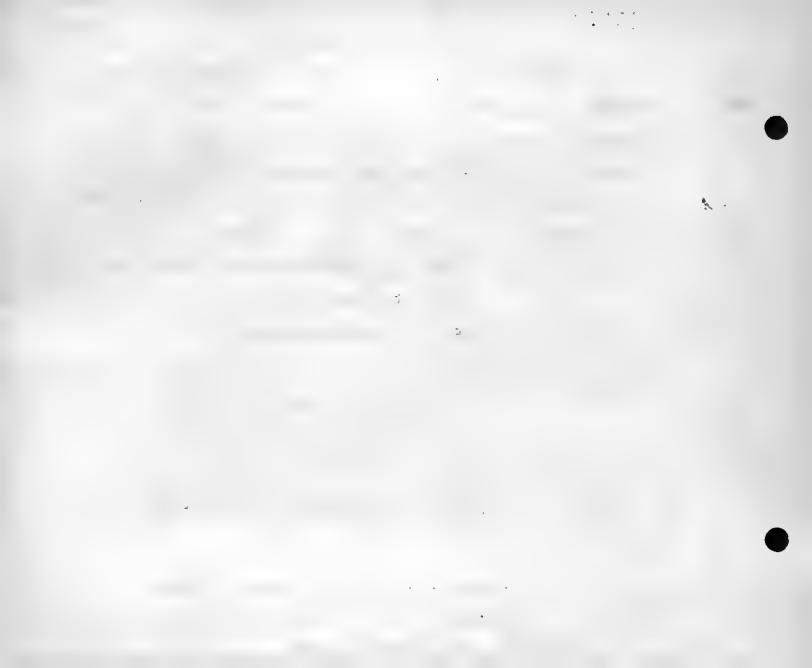
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14515 14522 CERTIFICATE OF DEATH DECEASED NAME First Middle Last by the funeral rages 1 and 2 ours after death. 2c DATE OF DEATH 2b. HOUR hours after death. (Type or print) Myrtle October 8, 1968 Franklin Ruth 6 AGE (In years last birthday) S. DATE OF BIRTH IF DINDER 24 HRS. 3. SEX 4. RACE IF UNDER 1 YEAR MONTHS I OAYS HOURS White Female January 29. 1888 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland IIS DIVORCED [ WIDOWED DO Kent Co., executed within 24 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR eve street oddress)
Kent & Queen Anne's Hospital Housewife even if retired.) INDUSTRY please remove carban Chestertown and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 186. COUNTY, 2 () 1 7/1 YES 🗔 NO E Baltimore 5561 Ashbourne Road 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Edward Mau1 Sarah Wilson 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) ar remaval, 214-54-8293 Hospital Records Chestertown. the attending phy sit permit. Then Mary land requires that the death certif 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART ( DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) CUTE MYOCARDIAL INFARCTER 10 HOURS SEVERAL A.S.C.VID. burial-transit p Conditions, if only, which gove ) YEARS nse to immediate couse (a). DUE TO, OR AS A CONSPOUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) MEllitUS be retained by the hospital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 21o. ACCIDENT WAS JNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Port 1 or Port 2, Item 18.] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Mot while of work 22a I certify that (I) (this haspital) attended the deceased from October 8, 19.68, ta October 8 19.68, that (I) (we) last saw the deceased alive an October 8 19.68 and that in (my) (our) opinion deoth occurred on the date and from the causes stated above. (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS. 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) Jorge Oteiza, M.D. Chestertown, Maryland 21620 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) \ 30M REV 1

MAKTLAND STATE DEPARTMENT OF HEALTH





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		14517	DIAIZION (			STON STREET, BALTI TE OF DEATH	IMUKE, MAKTLA	NU 21201	1452	4
	1 00	CEASED-NAME First		Middle	LEKTITICA	Lost	21 DATE OF DEAT	н		2b HOUR
		ype or print) Gert	rude	NMN		Turner	October		68 Year	12:45M
l	3. SE		4 RACE		5.	DATE OF BIRTH		GE (In years t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female	Ne	gro		February 4	, 18tgn 7	t birthday) 7 YRS.	MONTHS DAYS	HOURS MIN.
	7o E	SIRTHPLACE (State or foreign	7b CIT ZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF DEAT			
	coun	Maryland	US		WIDOWED X		Kent Co			Md
	10. C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INS ve street oddress)	STITUTION ( Finat	in haspital 12a USUA	AL OCCUPATION (Kind	of work done	12b KIND OF I	BUSINESS OR
		Chestertown	K	<u>lent &amp; Queen</u>			ost of working life, e Housewi:		INDUSTR)	
l	13a admi	USUAL RES DENCE (Where deceas ssion) STATE Maryland	ed lived, if insti- 13b. COUNT	V	13c CTY OR TO	NEC D NO	_	AND NUMBER		
	1	Maryland		Kent	Cheste	I COMI		Cannon S	treet	h
	1" "	ATHER 5 NAME First George	Middle	e Last <b>Brown</b>	Ī	NOTHER'S MAIDEN NAME F	oline	M ddle		Lost
		WAS DECEASED EVER IN U.S. ARN	IED FORCES?	16b SOCIAL SECURITY I		ORMANT	011110	Address		
ı	Y	es, Roar unknawn) (If yes give w	or or dates of service)	None	Но	spital Reco	rds Che	estertow	n, Mary	land
i		18. CAUSE OF DEATH (Enter on	γ ane cause pe	t line for (a), (b) and (c).	)					MATE INTERVAL NSET AND DEATH
l		DADT I DEATH WAS CAUSED	DV.			1 broncho	pneumonia		2 0	r 3 day
l		+127		R AS A CONSEQUENCE OF			•			
		Canditians, if any, which gove ) rise to immediate cause (a), (			lerotic	cardiovas	<u>cular dis</u>	ease	Sever	<u>al year</u>
		stating the underlying cause	,	R AS A CONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT COM	(c)_	IDUTING TO DEATH BUT NO	OT BELATED TO T	LIC TERMINA, D. CEASE OD.	CANDITION COVER US O	ADT 14ml		
		Uremia	IDITIONS CONTR	IDUTING TO DEATH BUT N	OI KELATED TO I	THE TERMINAL DISEASE OF C	CONDITION GIVEN IN I	AKI 1(0)		
	NO I		CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a, AUTOPSY?	20b IF YES,	WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
	CERTIFICAT					YES NO K	CAUSES OF C	EATH?		
		21a. ACCIDENT WAS UNDERLYIN		OF INJURY	21c. HOW	INJURY OCCURRED (Enter	r nature of injury in I	Part 1 or Port 2,	Item 16.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	rer) P.	M. 19						
1	W	21d INJURY OCCURRED 21e While Not while	PLACE OF INJUR	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY ) 21f LOCA	TION Street or R.F.D No	City or To	wn	County	State
		of work of wark			16	1 0 10	(O )			10.1.
		22a I certify that (I) (the saw the deceased a	is haspital) o live an <b>Oc</b>	attended the decease	ed fram <b>Oct</b> 9 <b>68</b> and	bat in (my) (aur) an	<b>68</b> ., <sup>TQ</sup> <b>Oct</b> i	ted on the do	68_, that	(I) (we) last
		causes stated abave	, (i) (we) (d	d) (did nat) view the	bady after de	ath.	TOTAL STATE OF THE	-va dir tito du	iv and nati	Trail 1910
		22b. SIGNATURE	h.A.			ATTENDING N	AED STA		DATE SIGNED	
		204 DUVELCIANS	MAR	N	DEGREE	PHYS D	PHO	rs LJ		
		22d. PHYSICIAN S NAME (Type) Robe	rt W. F	arr, M. D.			town, Mary	vland		
	230	Burial, CREMATION, 23b			CEMETERY OR CI		23d LOCATION (C		(Caunty)	(State)
	2.55	DEMOVER IS LA	0/19/1		<i>(</i> C)	MELEGY		e a Tuni		med
	24	EUNERAL DIRECTOR	1M	ADDRESS		2Sa. RECORB		25b REGISTRARS		g-Kan
		Invetty	Make	Ches	erlan	N MA DATE		//	(/	



		14518	DIVISION OF	VITAL RECORDS,	CERTIFICA			DRE, MAR	YLAND 212		145	25
		SED-NAME First or print) Patrici		Middle Louise	Unr	iost uh	2	o. DATE OF 10	DEATH Month 3	31 Doy	68 Year	2b. HOUR 9:30P
1		male	4. RACE Whit	e		11/10/			6. AGE (In yeo last birthday)	YRS.	UNOER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN
-[	COUNTRY)	HPLACE (Stote or foreign	76. CITIZEN OF W		WIDOWED		EU	COUNTY OF Kent,	DEATH Cheste	ertowi	n,	M
	Che:	or town of DEATH stertown, Md	give K	AME OF HOSPITAL OR IN street address) Que	en Anne	t in hospitol S			(Kind of work ife, even if reti		12b. KIND OF INDUSTRY	BUSINESS OR
	130. USU admission	AL RESIDENCE (Where decein) STATE Md.	osed lived, if institu 13b. COUNTY Ke	lion: Residence before ent	13c CITY OR 1		YES NO		Main S		t	
1		ER'S NAME First  Charles	Middle Edward			Lou	DEN NAME First		Mid		Cas	Lost Bey
		S DECEASED EVER IN U.S. AF na, ar unknown) (11 yes give	RMED FORCES? a war or dates of service)	16b. SOCIAL SECURITY 216-38-98		FORMANT Hospit	al Reco	rds,	Addi <b>Chester</b>		, Md.	MATE INTERVAL
	Con rise sta las	nditions, if any, which gave to immediate couse (a) ting the underlying couse t. RT 2. OTHER SIGNIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (b)  (c)  ONDITIONS CONTRIBU	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  UTING TO DEATH BUT N	DNC CATALONIO RELATED TO	THE TERMINAL I					-6	day ?
l	ZIEG /	The state of the s	CHOMONO S	HICH OPERATION WAS PE	grows	YES YES	NO 🗀	CAUSES	YES, WERE FIND OF DEATH?	105		RTIFYING
ı	MEDICAL 12	OR CONTRIBUTING CAUSE OF DE either, natify medical exam d. INJURY OCCURRED 21	HOUR A.M.	Month Day Year	9		RRED (Enter not or R.F.D. No.		or Town		ounty	State
	22	o. I certify that (I) (1 saw the deceased causes stated above.	this haspital) att	ended the deceas	sed from	that in (my)		, to/ n death a	ccurred an f			(I) ( <del>wo)</del> la and fram th
		I. PHYSICIAN'S	T. Keefe	fu	19 DEGRE	22e. ADORE	DIREC		STAFF PHYS.   ryland	107	signed 31/68	
		RIAL, CREMATION, 23b	DATE 10v.3,1968		cemetery or c	REMATORY	23	Milli	N (City or Town	K	County)	(Stote) Md.
		ERAL DIRECTOR		· ADDRES	S	12	So. REC'D BY RE		2Sb. REGIS	TRAR'S SIG		Lan

MAKTLAND STATE DEPAKIMENT OF HEALTH

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